

# ***ON THE BEAT***

***Minneapolis VA  
Health Care  
System***

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"On the Beat" is published monthly for patients, employees, volunteers and friends of the Minneapolis VA Health Care System.

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Email Updates



It takes five trucks 3-5 hours to clear snow from VA lots after a heavy snowfall.

# They Work As We Sleep

Every day during the winter, Mike Hubbs, Minneapolis VAMC grounds foreman, views reports from the National Weather forecast.

If an overnight snow is coming, he puts his staff on alert and the "Snow Plan" goes into effect. Plows' blades are sharpened and the trucks' fuel tanks filled. And five guys will plan to come in at midnight to begin the 3-5 hour process of clearing snow from the parking lots and pedestrian walkways.

The team of Tom Wohlers, Reed Root, Joe McGuire, Gary Smith and Dave Bentson board two large trucks and three pick-up trucks. Each man is assigned an area in the lots.

"We generally know what to expect," said Bentson, who has been with the VA since 1990 and a driver since 1996. "If we know the snow is coming, I'll try and get some rest before coming back at midnight."

The drivers have a word of caution for staff who may enter a lot while they are plowing. "Please don't follow us," said Bentson. "That could be dangerous."

"We try and have all the lots cleared by 5 a.m., when staff begin to arrive," said Hubbs. "I'm not sure everyone realizes what it takes to clear all the snow."

After the initial call for plowing, a second wave of grounds crew personnel arrive to tackle the sidewalks, walkway bridges, and areas that the plows and sweepers cannot reach on their own.

It can be labor intensive at times especially when the weather is at its worst, but those other members of the team know and understand the task at hand.

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**ON THE COVER - Driver Dave Bentson (right) and electrician Dennis Hendrickson take a break from their duties on a snowy January night. (Photo by Bill Eilers)**



## Mayors Pledge Support to End Veterans' Homelessness



**Minneapolis VA Director Patrick Kelly is flanked by St. Paul Mayor Chris Coleman (L) and Minneapolis Mayor Betsy Hodges**

The mayors of St. Paul and Minneapolis have pledged their support of efforts to end veteran homelessness in the Twin Cities. In a news conference at the VA's Community Resource and Referral Center in downtown Minneapolis on Jan. 31, the mayors said they are participating in a "friendly competition" between the Twin Cities, Des Moines and Columbus, Ohio, to eliminate veterans homelessness by Jan. 2015. Officials said there are fewer than 200 homeless veterans in Hennepin and Ramsey counties, based on the "point-in-time" survey of people living on the streets, in shelters or temporary facilities. The total in the state was 349 in 2013, down from about 600 in 2010. Scott Roberts, a former homeless veteran, who shared his story at the event, said, "There is hope. It seems hopeless when you're living in your car and it's cold outside, but with the resources available ... everything's possible." Scott thanked the Minnesota Assistance Council for Veterans and the VA for their help. He said he was now in college. Most of the success to date has relied on federal investment in housing vouchers and services from the Department of Veterans Affairs. Cathy Ten Broeke, state director of Prevent and End Homelessness, said she will gather stakeholders to determine what barriers currently exist to achieve the 2015 goal. St. Paul Mayor Chris Coleman said he was inspired by the mayor of Salt Lake City, who engaged in a similar competition with Phoenix. According to Minneapolis Mayor Betsy Hodges, veteran homelessness in Hennepin County decreased 52 percent between 2009 and 2013.



**Veteran Scott Roberts Praised VA and MACV**



Gary Goldish, MD

# Standing, Sitting and Living Well – Despite Spinal Cord Injuries

The late actor Christopher Reeve may have been the most famous example of someone with a spinal cord injury but he was by no means alone. Approximately 250,000 Americans are living with spinal cord injuries and some 10,000 to 12,000 people in the U.S. sustain such an injury annually. About 26,000 military veterans live with such injuries; some 13,000 who are receiving treatment in the VA. While the major focus of Reeve's

post-injury life involved supporting research that might lead to a cure for spinal cord injuries, the truth is that a cure is not yet available.

What Gary Goldish, M.D., director of extended care and rehabilitation at the Minneapolis VA Health Care System, does know is that if people with spinal cord injuries sit on the sidelines doing nothing but waiting passively for “the cure,” their bodies will not be ready to take advantage of any possible medical breakthroughs.

“What’s most important now is to concentrate on improving rehabilitation therapies and technologies that maximize a spinal cord injury patient’s current function,” Goldish says. “We also need to work at the same time to improve the overall health and well-being of their bodies, so that if and when a cure becomes available, patients will be physically ready for it.”

This sort of thinking may sound logical but it is this thinking that until recently was not widely present among the spinal cord injury medical community. For years, clinicians and researchers alike thought we should keep people alive and functioning within the confines of their injuries.

But the work Goldish and his colleagues are currently doing is anything but aimed at maintaining injury confinement. For Goldish, keeping people with spinal cord injuries healthy involves many things, including preventing osteoporosis and bedsores that are extremely common among spinal cord injury patients.

Osteoporosis can be so severe that fractures can occur after engaging in the most minimal of activities, such as getting out of bed. Bedsores not only damage the skin, but can result in the destruction of underlying muscle, tendons and bone. With these types of complications, the patient can experience such profound changes in their bodies that they might not tolerate standing, much less walking, should a cure become available.

Goldish believes standing maybe the best way to prevent these and other complications, while simultaneously improving the patient’s overall self esteem. It may sound impossible to think spinal cord injury patients can stand but with the right mechanical support, many can do so. Standing on a regular basis can improve bone strength and can provide an excellent way to relieve pressure on the skin.

A major focus of the research by Goldish and his team involves developing a wheelchair that lets people not only stand, but move around when standing. Many power wheelchairs already allow such movement but most are heavy, difficult to maneuver in tight spaces, and are often prohibitively expensive, since insurance coverage is usually not available for these chairs. In addition, pushing a manual wheelchair provides an opportunity for physical exercise, an opportunity which can be lost if patients switch to a power wheelchair.

“Our predominant goal is to make life as natural as possible for people with spinal cord injuries,” says Goldish.

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**Dr. Polusny**

### Why Women in Combat May Develop PTSD at a Greater Rate Than Men

Researchers led by **Melissa A. Polusny, PhD**, of the Minneapolis VA Health Care System and the University of Minnesota questioned 712 male and 89 female National Guard members both before and after combat tours in Iraq or Afghanistan. They found 22.5 percent of the women, compared to 12.2 percent of the men, met screening criteria for probable PTSD following deployment. This is consistent with previous studies. In the February issue of the *Journal of Psychiatric Research*, researchers hypothesized that some of this disparity could be traced to pre-deployment events, such as sexual stressors. They didn't find a direct correlation, but they did find that women who had undergone trauma before being deployed had an increased risk of developing PTSD *after exposure to combat*, relative to other women in combat. This was not true in men. The researchers also learned that men who relied on their military unit as a source of support but were disappointed by the support they received were more likely to develop PTSD than were women in similar situations. Another key finding was that women who had undergone combat-related stressors, such as being injured in war, were more likely than men to develop PTSD as a result. Polusny colleagues also found evidence suggesting that deployment may be particularly stressful for female military service members who must manage their lives and family responsibilities from afar, potentially exposing them to the dual stress associated with both war zone and family-related concerns. The authors caution that the study's scope included a relatively small subset of mostly Caucasian women. Therefore, the findings are tentative and require replication.



**Dr. Spont**

### Friends and Families Can Help Veterans Seek PTSD Treatment

A study published in the February issue of *Psychiatric Services* shows that encouragement by friends and families to get treatment leads service members with PTSD to get care. The study, titled "Impact of Treatment Beliefs and Social Network Encouragement on Initiation of Care by VA Service Users with PTSD," involved a national sample of veterans recently diagnosed with PTSD. A group of researchers at the Minneapolis VA, headed by psychologist **Michele Spont, PhD**, conducted a prospective, national cohort study of mental health care use among 7,645 veterans recently diagnosed as having PTSD but not currently in treatment. Data from self-administered surveys and administrative databases were analyzed to assess whether beliefs about treatment and encouragement to get treatment by friends and/or family predicted mental health care use, after facility, demographic, severity of PTSD, and access factors were controlled. Perceiving a need for treatment, having more positive beliefs about mental health treatments and being encouraged to get help by friends and family were associated with higher odds of initiating mental health care in the next 6 months over and above severity of PTSD and overall functioning.

**SPINAL CORD INJURIES** Continued From Page 4 "We know how able-bodied people take it for granted that they can stand and move about in spaces designed for people who stand. Those with spinal cord injuries should be able to enjoy the same abilities, which we also believe will keep them in the best possible physical and mental condition. Such thinking not only saves health care dollars, but also improves quality of life." And when people must sit in their wheelchairs, comfort and skin health are improved if their seats are tailored to their specific body type. To achieve a "perfect fit," many patients have their body's contours molded into a custom foam cushion. Although such cushions can provide excellent conditions for preventing sores, they are relatively expensive and can take considerable time and effort to produce. They are also difficult to adjust if the patient's weight or shape changes. In work supported by the Minnesota Veterans Medical Research and Education Foundation, Goldish and his colleagues are testing an easily adaptable seat (Tamarack FlexForm<sup>®</sup>), constructed of multiple individual woven straps that can be quickly adjusted for an immediate custom fit that also can be easily adjusted to accommodate for changing needs. The study involves testing the new cushion's ability to achieve consistently accurate custom fits in five patients with spinal cord injury.

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# Milestones—Congratulations

## 40 YEARS

**Roberto Olivera**  
Acquisitions & Materials  
MGMT

## 35 YEARS

**Cheryl Buland**  
Business Office

**Mary McDonald**  
Primary Care

## 30 YEARS

**Wanda Gable**  
Research

**Jeffrey Drake**  
Pharmacy

## 25 YEARS

**Eric Kroon**  
VISN 23

**Daniel Dunn**  
Engineering

**Leslie Ploog**  
Engineering

**Richard Linkletter**  
Extended Care & Rehab

**Janice Raihala**  
Primary Care

**Jane Chiatt**  
Specialty Care

## 20 YEARS

**Brian Neil**  
VISN23

**Carol Cincotta**  
Business Office

**Donna Bofenkamp**  
Primary Care

**Anthony Nelson**  
Primary Care

**Kenneth Cheever**  
Extended Care & Rehab

**Lisa Dorschner**  
Voluntary Services

## 15 YEARS

**Maria Williams**  
Canteen Service

## 10 YEARS

**Barbara Clothier**  
Research

**Matthew Helde**  
Engineering

**Damon Schleisman**  
HR

## VA NEWSMAKERS

- **Tom Johnson** is the new Chief of Human Resources. He was Acting Chief for six months. Previously, he spent three years in HR management at Landstuhl Regional Medical Center in Germany. Before Landstuhl, Tom spent ten years at the USDA in Minneapolis.
- OEF/OIF/OND program manager **Mark Frenzel** was interviewed on Minnesota Military Radio, which is broadcast on 19 stations statewide, on Feb. 2.
- **Lorri Latzke, RN**, Northwest Metro Clinic Director, received the Patriotic Employer Award in Support of the Guard and Reserves signed by the National Chair, Secretary of Defense Chuck Hagel.
- **Beret Skroch, PhD**, clinical psychologist, is quoted in *Spirit Magazine* (publication of Southwest Airlines) article on cognitive behavioral therapy. She reported she has seen veterans react powerfully to many of the techniques, especially the drawings and guided imagery.
- **Amy Archer**, social work executive, was nominated for the 2013 Under Secretary for Health's Award for Excellence in Social Work Leadership.
- **Brad Foley**, Veterans Health Education Coordinator (VHEC) since 2008, has been named Co-Director of the VA Nursing Academic Partnership with the University of Minnesota School of Nursing. **Stacy Dolan**, formerly My HealtheVet coordinator, is the new VHEC, and **Dianne Eldred** is the new Health Promotion Disease Prevention Manager. We are currently interviewing for the My HealtheVet coordinator. Over 50% of our Veterans are registered in My HealtheVet.
- Kudos to **Douglas Scott**, Motor Vehicle Operator, for his response to a patient emergency on the patient van on Christmas Eve. Doug noticed the patient had slumped in his seat; Doug called Code Blue, and conducted CPR until help arrived.
- VA cooperative study on Vitamin E for Alzheimer's disease was carried by more than 250 news media outlets after Jan 1 publication in JAMA. The study was led by **Maurice Dysken**, MD, of the Minneapolis VA
- **Katy Ryan**, Director, Voluntary/Community Resource Service, spoke at the Minnesota VFW Auxiliary Winter Conference on Jan. 24.





## DAV Donates 'Mint Condition' Mini Bus

*The Minnesota Department of Disabled American Veterans donated a 12 passenger mini-bus to the Minneapolis VA Health Care System. DAV purchased the vehicle from Carlton County. Many thanks to the DAV for their incredible support of our Volunteer Transportation Network! (Photo from left to right) Stephen Whitehead, Minnesota DAV Adjutant; Patrick Kelly, MVAHCS Director; and Duane Brownie, Carlton County CVSO*

## They Work in the Cold While We Sleep – Continued from page 2

Although there has not been one significant single snowfall, the total accumulation this year has posed a problem: where to put all the snow.

"We're dumping it behind Lot 6 and packing it in wherever we can," says Hubbs.

Ted Steidl, maintenance supervisor, said another factor that has helped reduce the impact of the snow is having a small crew working the night and weekend shifts.

There's also been a new approach to the use of chemicals on sidewalks and strategic parts of the parking lots. Because of the sub-freezing weather, when traditional salt doesn't work, the Minneapolis VA began using a mixture of magnesium chloride and calcium chloride.

"Mike (Hubbs) did some research and met with the people at the University, who have been using it with success for about 10 years," Steidl said.

The drivers and laborers who are working in sub-freezing temperatures must be extra cautious to avoid frostbite and hypothermia. "We provide special winter gear," said Steidl. "We do our best to make sure all of the guys are safe."

Million Veteran Program:  
A Partnership with Veterans

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# Veterans Crisis Line



1-800-273-8255

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# ANNUAL SALUTE TO VETERAN PATIENTS



*More than 50 VIPs participated in the annual Salute to Veteran Patients at the Minneapolis VA Feb.14. Visitors included political leaders, service organization leadership, volunteers and Minnesota beauty queens. They visited patients, delivered Valentines cards signed by Minnesota school children and gave each Veteran a cap, enamel pin thanking them for their service and a handmade heart pillow.*

